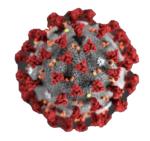
# New Hampshire COVID-19 Healthcare Provider and Public Health Partner Call

February 24, 2022

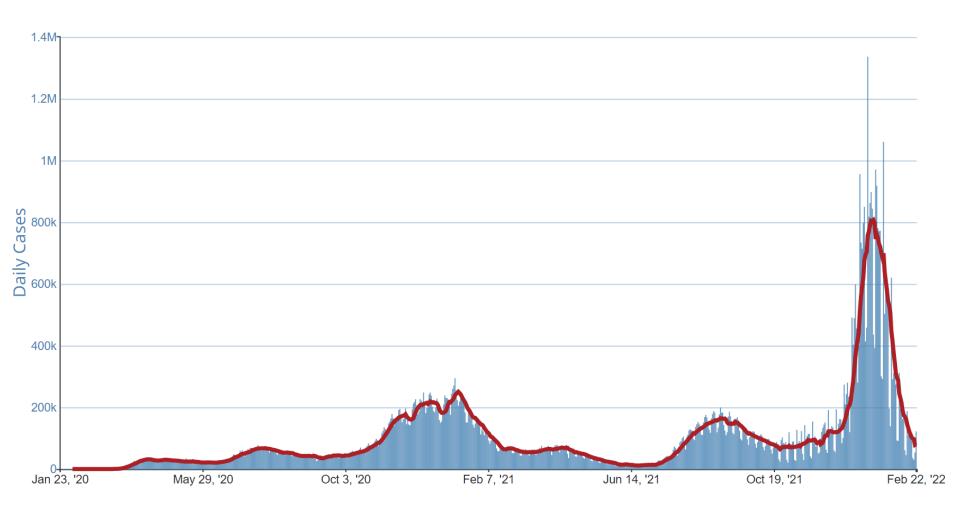




# **Epidemiology Update**

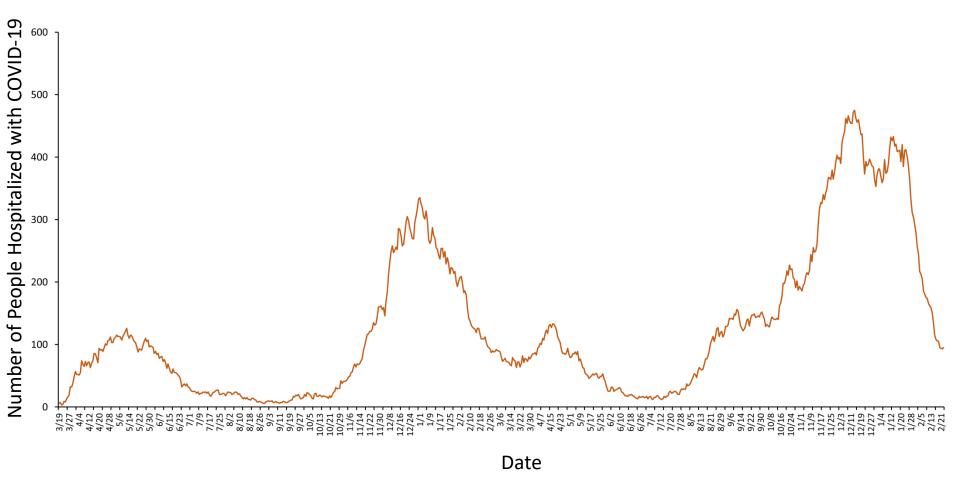


## U.S. National Daily Incidence of COVID-19



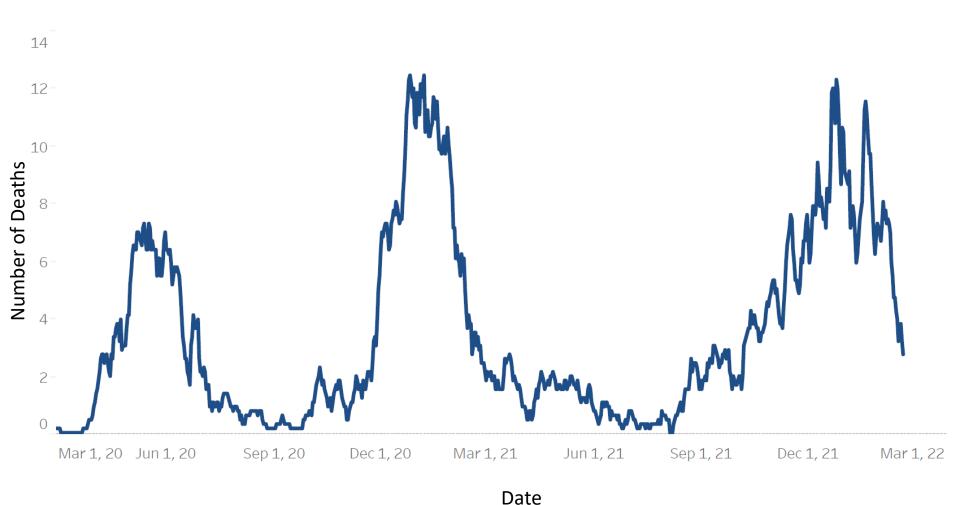


# Number of People Hospitalized with COVID-19 Each Day in NH (Hospital Census)





# Average Number of COVID-19 Deaths per Day in NH (Based on Date of Death)





# NH COVID-19 HAN, Update #57: Face Mask Recommendations



## **COVID-19 Prevention Strategies**

- Promote vaccination
- Face mask use
- Physical distancing and cohorting
- Screening testing
- Increasing ventilation
- Handwashing and respiratory etiquette
- Staying home when sick and getting tested
- > Isolation and quarantine
- Cleaning and disinfection

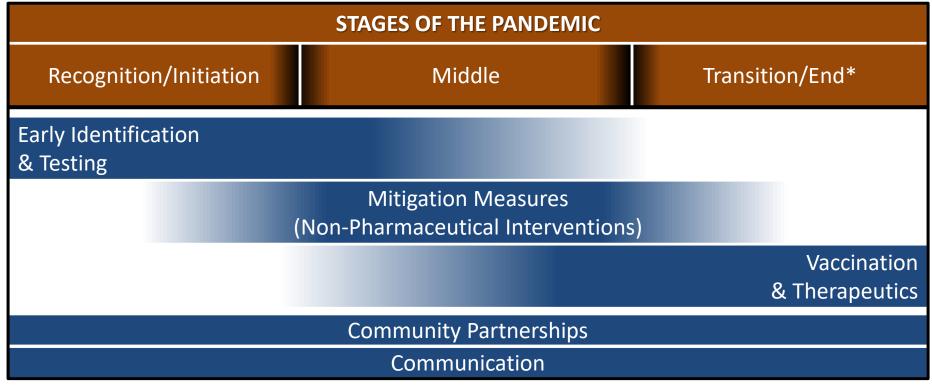


### **COVID-19 Prevention and Risk**

- NH DPHS has historically based recommendations on the "level of community transmission" as a surrogate for COVID-19 risk
  - As risk decreases, prevention strategies can be relaxed
- Current community transmission metrics are based on COVID-19 incidence and test positivity, but no longer accurately reflect risk
- Prevention strategies should take into account:
  - Disease severity
  - Differences in risk for different populations (e.g., people who are immunocompromised)
  - Acceptability and sustainability of prevention strategies



## Pandemic Response Changes Over Time

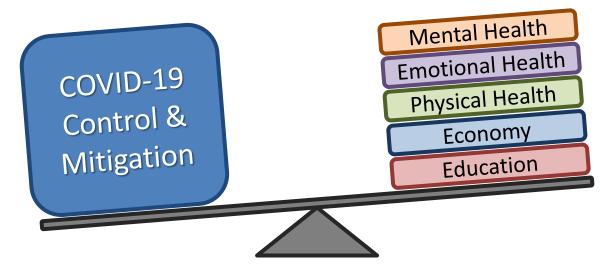


<sup>\* &</sup>quot;End" indicates a formal end to the pandemic, not an end to circulation of SARS-CoV-2



## **Balancing Competing Priorities**

- Need to balance pandemic control with other health priorities
- The goal is overall population health protection and promotion





### **Current Situation**

- Omicron surge is decreasing in NH and nationally
- As population immunity increases, there has been a decline in severity of COVID-19
- COVID-19 vaccination has been available for all persons 5 years of age or older since at least the beginning of November 2021
- Effective therapeutics are increasingly available
- COVID-19 is expected to continue to circulate (it remains uncertain what the future "baseline" might be)
- Risk is decreasing



#### **Research Letter**

February 21, 2022

# Severity of Hospitalizations from SARS-CoV-2 vs Influenza and Respiratory Syncytial Virus Infection in Children Aged 5 to 11 Years in 11 US States

William Encinosa, PhD<sup>1</sup>; Jessica Figueroa, MS<sup>2</sup>; Youssef Elias, MD, PhD<sup>3</sup> *JAMA Pediatr.* Published online February 21, 2022. doi:10.1001/jamapediatrics.2021.6566

- Inpatient data from 11 states in the U.S.
- Compared COVID-19 hospitalizations in Jan-Mar 2021 to Influenza and RSV hospitalizations in Jan-Mar 2017
- COVID-19 and MIS-C hospitalizations (combined) occurred at a rate of 10.8 per 100,000 children
- Influenza and RSV hospitalizations occurred at a rate of 17.0 and 6.2 hospitalizations per 100,000 children, respectively



### Face Mask Recommendations

- NH DPHS is no longer recommending <u>universal</u> masking for all persons in indoor public locations
- NH DPHS is recommending that decisions on face mask use be based on individual choice and informed by a person's own assessment and acceptance of risk



## Important Face Mask Considerations

- Per <u>CDC's Order</u>, face masks must still be worn on public transportation, including school buses
- Face masks are still required (under CMS guidance) to be worn in healthcare facilities
- Face masks should still be worn to shorten isolation and quarantine to 5 days (see <u>isolation & quarantine guidance</u>)
- People who are severely immunocompromised should still consider wearing a face mask for their own protection when in indoor public locations
- Anybody who wants additional protection for themselves or others in their home can choose to wear a face mask when in indoor public locations

# Continue Other Infection Prevention Measures

- <u>Increase ventilation</u> in buildings
- Frequent hand hygiene and good respiratory etiquette
- Exclude and test persons who develop new and unexplained symptoms of COVID-19
- Cohorting (to the extent possible, especially in childcare settings)
- Isolation and quarantine (see <u>NH guidance</u>) for people infected with COVID-19 and household contacts who are not <u>up-to-date</u> on <u>COVID-19 vaccination</u>
- Consider asymptomatic screening testing



# Existing COVID-19 Risk

- There likely will always be risk from COVID-19
- There needs to be reasonable and sustainable approaches to managing COVID-19
- This increasingly will rely on vaccination and population immunity
- We continue to maintain surveillance for new variants
- The public health community continues to assess and discuss how best to measure and track COVID-19 risk



# CDC scientist says new metrics to guide Covid-19 restrictions could come as early as Friday



By Elizabeth Cohen and Danielle Herman, CNN

() Updated 9:03 AM ET, Thu February 24, 2022

(CNN) — The US Centers for Disease Control and Prevention will announce new metrics to guide Covid-19 restrictions such as mask-wearing as early as Friday or possibly in the early part of next

week, according to a CDC scientist directly involved with the process and a senior federal official.



# **COVID-19 Vaccine for Children 6 Months Through 4 Years of Age**



Pfizer and BioNTech Provide Update on Rolling Submission for Emergency Use Authorization of Their COVID-19 Vaccine in Children 6 Months Through 4 Years of Age

Friday, February 11, 2022 - 01:30pm

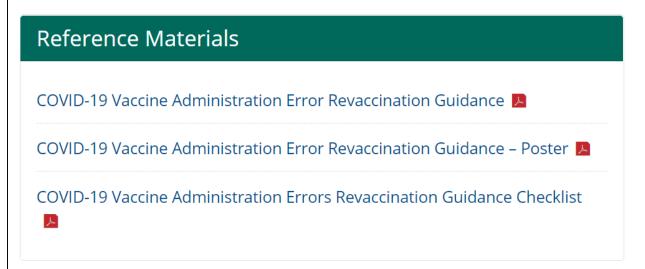
"Given that the study is advancing at a rapid pace, the companies will wait for the three-dose data... The companies expect to have three-dose protection data available in early April."

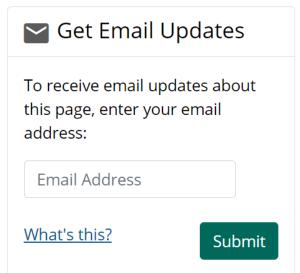


# NH COVID-19 HAN, Update #57: COVID-19 Vaccine Guidance



### Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States





#### Summary of recent changes (last updated February 22, 2022):

 Added considerations for an 8-week interval between the first and second doses of a primary mRNA vaccine schedule



## Vaccine Contraindications & Precautions

Table 4. Contraindications and recommended action(s)

| Contraindication  | Reco  | mmended Action(s)   |  |  |
|---|---|---|--|--|
| History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine   | COVI  | ot vaccinate with the same type of<br>O-19 vaccine (i.e., mRNA or Janssen<br>O-19 Vaccine).                                   |  |  |
| History of a known diagnosed allergy to a component of the COVID-19 vaccine   |   | <u>Sppendix C</u> for actions and additional mation.  |  |  |
| For the Janssen COVID-19 Vaccine, TTS following receipt of a previous Janssen COVID-19 Vaccine (or other COVID-19 vaccines not currently  | Do not vaccinate with Janssen COVID-19 Vaccine.   |   |  |  |
| authorized in the United States that are based on adenovirus vectors, e.g., AstraZeneca)*   | See <u>Considerations for Janssen COVID-19</u> <u>Vaccine</u> for additional information on vaccinating with an mRNA COVID-19 vacci |   |  |  |
| Precaution  |   | Recommended Action(s)   |  |  |
| History of an immediate allergic reaction to any vaccine other than COVID-19 vaccine or to any injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunothera for allergies, i.e., "allergy shots"])       |   | The benefit of vaccination outweighs the risks for most people.  See Appendix C for actions and additional information.       |  |  |
| People with a history of a non-severe, immediate (onset less than 4 hours) allergic reaction after a dose of one type of COVID-19 vaccine (i.e., mRNA or Janssen) have a precaution to the same type of COVID-19 vaccine  |   |   |  |  |
| People with an allergy-related contraindication to one type of COVID-19 vacchave a precaution to <b>the other type</b> of COVID-19 vaccine (e.g., people with a contraindication to an mRNA COVID-19 vaccine have a precaution to Jansser COVID-19 vaccine and vice versa). |   |   |  |  |
| Moderate or severe illness, with or without fever   |   | Defer vaccination until the illness has improved.   |  |  |
| For mRNA COVID-19 vaccines, history of myocarditis or pericarditis after a do of an mRNA COVID-19 vaccine   | ose   | A subsequent dose of any COVID-19 vaccine should generally be avoided.  |  |  |
|   |   | See <u>Considerations for mRNA COVID-19</u><br><u>vaccines: Pfizer-BioNTech and Moderna</u><br>for additional considerations. |  |  |
| For Janssen COVID-19 Vaccine, a history of GBS <sup>†</sup>   |   | See <u>Considerations for Janssen COVID-19 Vaccine</u> and Special populations for additional information.                    |  |  |

## Primary Series and Booster Dosing Interval

### COVID-19 Vaccination Schedule\*

| Vaccine  | 0 month              | 1 month   | 2 month   | 3 month | 4 month | 5 month | 6 month | 7 month                       |
|--|----------------------|---|---|---------|---------|---------|---------|-------------------------------|
| Pfizer-<br>BioNTech<br>(ages 5-11<br>years)            | 1 <sup>st</sup> dose | 2 <sup>nd</sup> dose<br>(3 weeks<br>after 1 <sup>st</sup><br>dose |   |         |         |         |         |                               |
| Pfizer-<br>BioNTech<br>(ages 12<br>years and<br>older) | 1st dose             | 2 <sup>nd</sup> dose†<br>(3-8 weeks after 1 <sup>st</sup> dose    | 2 <sup>nd</sup> dose† (3-8 weeks after 1 <sup>st</sup> dose)  Boos (at le   |         |         |         |         |                               |
| Moderna<br>(ages 18<br>years and<br>older)             | 1 <sup>st</sup> dose | 2 <sup>nd</sup> dose†<br>(4-8 weeks after 1                       | 2 <sup>nd</sup> dose†<br>(4-8 weeks after 1 <sup>st</sup> dose)             |         |         |         |         | s after 2 <sup>nd</sup> dose) |
| Janssen<br>(ages 18<br>years and<br>older)             | 1 <sup>st</sup> dose |   | Booster<br>dose‡<br>(at least<br>2 months<br>after 1 <sup>st</sup><br>dose) |         |         |         |         |                               |

Time interval between 1<sup>st</sup> and 2<sup>nd</sup> dose in an mRNA vaccine primary series: "An 8-week interval may be optimal for some people..."



# People Who Are Moderately-Severely Immunocompromised

COVID-19 Vaccination Schedule for People Who Are Moderately or Severely Immunocompromised

| Vaccine  | 0 month              |   | 1 month   |                                   | 2 month 3 month  |   | 4 month |  | 5 month   |  |
|--|----------------------|---|---|-----------------------------------|--|---|---------|--|---|--|
| Pfizer-<br>BioNTech<br>(ages 5–11<br>years)            |                      | 2 <sup>nd</sup> dose<br>(3 weeks aft<br>1 <sup>st</sup> dose) | ter   | 3rd dose<br>least 4 v<br>after 2° | weeks  |   |         |  |   |  |
| Pfizer-<br>BioNTech<br>(ages 12<br>years and<br>older) |                      | 2 <sup>nd</sup> dose<br>(3 weeks aft<br>1 <sup>st</sup> dose) | 3 weeks after   |                                   | e (at<br>weeks<br><sup>d</sup> dose)                                     |   |         | Booste<br>(at leas<br>month<br>3 <sup>rd</sup> dos | is after  |  |
| Moderna<br>(ages 18<br>years and<br>older)             | 1 <sup>st</sup> dose | (4 v  | dose<br>veeks after<br>dose)                                      |                                   | 3 <sup>rd</sup> dose (at<br>least 4 weeks<br>after 2 <sup>rd</sup> dose) |   |         |  | Booster dose*<br>(at least 3<br>months after<br>3rd dose) |  |
| Janssen<br>(ages 18<br>years and<br>older)             | 1 <sup>st</sup> dose | dos<br>an<br>CO'<br>vac<br>leas                               | ditional) se† using mRNA VID-19 scine (at st 4 weeks er 1st dose) |                                   |  | Booster dose* (at least 2 months after additional dose) |         |  |   |  |



# CDC Clinician Webinar Today at 2pm

#### Updated Guidance for Clinicians on COVID-19 Vaccines

**CE** = <u>Free Continuing Education</u>

#### Overview

During this COCA Call, CDC experts will present:

- Updated recommendations on COVID-19 vaccines for people who are moderately or severely immunocompromised,
- Simplified recommendations for vaccination following receipt of passive antibody therapy, and
- Summarized recommendations for COVID-19 vaccination by age group.

#### **Presenters**

#### Sara Oliver, MD MSPH

LCDR, U.S. Public Health Service

Lead, Advisory Committee for Immunization Practices COVID-19 Vaccines Work Group

COVID-19 Response

Centers for Disease Control and Prevention

#### Elisha Hall, PhD, RD

Lead, Clinical Guidelines Vaccine Task Force

COVID-19 Response

Centers for Disease Control and Prevention

#### Evelyn Twentyman, MD, MPH

Chief Medical Officer, Vaccine Task Force

COVID-19 Response

Centers for Disease Control and Prevention

#### Call Details

#### When:

Thursday, February 24, 2022, 2:00 PM – 3:00 PM FT

#### Webinar Link:

https://www.zoomgov.com/j/1603 680276 ☑

Passcode: 242440

#### Dial In:

US: +1 669 254 5252

or +1 646 828 7666

or +1 551 285 1373

or +1 669 216 1590

#### International numbers [2]

#### One-tap mobile:

US:

+16692545252,,1606170121#,,,,\*7

31625# or

+16468287666,,1606170121#,,,,\*7

31625#

Webinar ID: 160 368 0276

Add to Calendar



# Q&A

